

Fill in this information to identify your case:

Debtor 1 David Kalevalio Malafu

Debtor 2 _____

(Spouse, if filing)

United States Bankruptcy Court - DISTRICT OF HAWAII

Case number 18-00179

Local Form H1009-1 (12/15)

COVER SHEET FOR AMENDMENTS

Part 1: Amendments (attach amended documents to this cover sheet)

Check all of the following that are being amended.

Schedules: ☐ A/B ☐ C ☐ G ☐ H ☒ I ☐ J

☐ Statement of Financial Affairs

☐ Chapter 7 Statement of Intention

☐ Chapter 7 Statement of Current Monthly Income (122A-1)

☐ Chapter 7 Means Test Calculation (122A-2)

☐ Chapter 13 Statement of Current Monthly Income (122C-1) and Calculation of Disposable Income (122C-2)

☐ Other:

Amendments requiring \$31.00 filing fee

Schedules ☐ D ☐ E/F

☐ Creditor List - no fee required for amended list if:

- only updating an address or
- only adding a creditor's attorney

Part 2: Declaration

Under penalty of perjury, the undersigned declares that I have read the documents filed with this declaration and that they are true and correct. [If filing electronically through ECF, a **Declaration re: Electronic Filing** with original signatures must be submitted on paper not later than 7 days after filing the amendments.]

/s/ David Kalevalio Malafu

David Kalevalio Malafu

Debtor 1

Dated: November 21, 2018

Part 3: Certificate of Service (attach a list of names and addresses where notice was sent)

The undersigned certifies:

- ☒ Notice of the amendments has been served on all creditors and parties in interest on the attached service list. (If exemptions or exemption amounts have been amended, a copy of Schedule C has been served on all creditors and parties in interest.)
- ☐ A copy of the Notice of Bankruptcy Case, Meeting of Creditors, & Deadlines has been served on the additional creditors and parties in interest identified on the attached service list.

Dated: November 21, 2018

/s/ Joseph T. Toma

Joseph T. Toma 3341

Fill in this information to identify your case:Debtor 1 David Kalevalio MalafuDebtor 2
(Spouse, if filing)United States Bankruptcy Court for the: DISTRICT OF HAWAIICase number 18-00179
(if known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY**Official Form 106I****Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status**Occupation****Employer's name****Employer's address****Debtor 1**

- ☐ Employed
- ☒ Not employed

Unemployed- (Family Caretaker)**Debtor 2 or non-filing spouse**

- ☐ Employed
- ☒ Not employed

Unemployed

How long employed there? _____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>0.00</u>	\$ <u>0.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>0.00</u>	\$ <u>0.00</u>

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 0.00	\$ 0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify:	5h.+ \$ 0.00	\$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ 0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 5,700.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: Family Contribution	8h.+ \$ 3,471.00	\$ 0.00
Contribution from Brother (Steven)	\$ 900.00	\$ 0.00
Contribution from Sister	\$ 600.00	\$ 0.00
Contribution from Broter (James)	\$ 300.00	\$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 10,971.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 10,971.00 + \$ 0.00 = \$ 10,971.00	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 10,971.00	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain:	I provide care for my mother and help her with her rentals and in return she gives me \$3471.00 a month to help pay for this Chapter 13 Plan and save the family property currently held in my name. My brother Stephen contributes 900, my sister contributes 600.00 and my brither James Contributes 300.00 to help me save the family property.	